FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL
OMB Numb	er
Expires:	
Estimated av	erage burden
hours per res	
SEC	USE ONLY
Prefix	Serial
Prefix	Serial
	Serial E RECEIVED

Name of Offering () check if this is an amer Sale of Promissory Notes, Warrants, Series E 1	ndment and name has changed, and indicate change Preferred Stock and Common Stock	e.)
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 5	Section 4(6) ULOE
Type of Filing: New Filing Ame	ndment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	er	
Name of Issuer (check if this is an amend	lment and name has changed, and indicate change.)
BRIAZZ, INC.		,
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3901 7th Avenue South, #200, Seattle, Washing		(206) 467-0994
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	(,,,,,,, _	
Brief Description of Business		And Andrews in the control of the co
Operator of a chain of cafés.	lo 4 5 5 98 🐇	APR 22 4 7 June PROCESSED
Type of Business Organization	· · · · · · · · · · · · · · · · · · ·	APR 25-2003
· · ·	Limited most consist almost a former d	
corporation	limited partnership, already formed	iother (please specify) HOMSON
business trust	limited partnership, to be formed	FINANCIAL
Actual or Estimated Date of Incorporation or Org	anization: Month Year 03 95	Actual Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service Abbreviation	n for State: WA

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information red	quested for the fo	llowing:			
 Each promoter of the 	he issuer, if the is	suer has been organized w	ithin the past five years;		
 Each beneficial or securities of the iss 	wner having the uer;	power to vote or dispo	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
 Each executive offi 	cer and director	of corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
 Each general and m 	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Alhadeff, Victor D.	if individual)				
Business or Residence Addr 3901 7th Avenue South, #2	ess (Number and 00, Seattle, Was	Street, City, State, Zip Conington 98108	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lazara, Nancy	if individual)				
Business or Residence Addr 3901 7th Avenue South, #20			de)	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Sjostrom, Joel	if individual)				
Business or Residence Addr 3901 7th Avenue South, #20			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kourkoumelis, Dan	if individual)				
Business or Residence Addr 3901 7th Avenue South, #20	ess (Number and 00, Seattle, Wasl	Street, City, State, Zip Conington 98108	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Fersch, Richard	if individual)				
Business or Residence Addr 3901 7th Avenue South, #20			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Matteson, Charles C. (Jr.)	,				
Business or Residence Addr 3901 7th Avenue South, #20			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Vivian, C. William	if individual)				
Business or Residence Addr 3901 7 th Avenue South, #20			de)		

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ		•			
 Each promoter of the 	issuer, if the iss	suer has been organized wi	thin the past five years;		
 Each beneficial own securities of the issue 		power to vote or dispos	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
Each executive office	er and director o	f corporate issuers and of o	corporate general and mana	ging partners of p	partnership issuers; and
 Each general and ma 	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Whitney Equity Partners, L					
Business or Residence Addres c/o J.H. Whitney Equity Par					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Benaroya, Jack	individual)				
Business or Residence Addres c/o Benaroya Capital Comp				98154	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Briazz Venture, L.L.C.	individual)				
Business or Residence Addres c/o New Management, Ltd.,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Spinnaker Investment Parti					
Business or Residence Address 56 John Street, Southport, C			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address	ss (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip Coo	de).		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co.	de)		

_					В. 1	NFORMA	TION ABOU	JT OFFER	RING				
1	Has the	issuer sold	or does the	e iccuer inter	nd to sell to	non-200re/	dited investor	s in this off	arina?			Yes	No
1.	mas the	155001 5010							ering?	************			
2.	What is	the minim		wer also in a			f filing under individual?					\$N/A	•
					or accepto.	- 1. 0		•••••	***************************************	•••••	••••••	Yes	No
3.	Does the	e offering p	ermit joint	ownership o	of a single u	nit?			•••••				
4.	similar r associat dealer.	emunerationed person of	on for solici or agent of a n five (5) p	tation of pur broker or d	rchasers in o ealer registe	connection vered with the	will be paid owith sales of see SEC and/or ersons of such	securities ir with a stat	the offering e or states, li	g. If a personist the name	on to be listed of the broke	or d is an er or	
Ful	l Name (Last name	first, if indi	vidual)							<u>-</u>		
De	lafield H	ambrecht,	Inc.										
				lumber and			Code)				••••		
_			te 3800, Se	attle, Wash	ington 981	04							
Iva	me of As	sociated Bi	roker or De	aler									
- Ct-	too in Wil	niah Dansan	I loted Ille	s Solicited o	- I	Caliait Dun							
				vidual States			chasers						States
	ieck Aii AL]	[AK]	[AZ]	AR]	[CA]	[CO]	XX[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	States [ID]
-	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]_	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			first, if indi	Jumber and S	Street, City,	State, Zip	Code)						
Na	me of As	sociated Br	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited of	r Intends to	Solicit Puro	chasers						
(Cf	neck "All	States" or	check indiv	vidual States)							☐ Ali	States
	AL] IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
į	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
гu	i Name (Last name	first, if indi	viduai)									
Bu	siness or	Residence	Address (N	lumber and S	Street, City,	State, Zip	Code)						
Na	me of As	sociated Bi	roker or De	aler				-					
Sto	tes in Wi	nich Person	Listed Had	Solicited of	r Intends to	Solicit Pure	chasers		~				
												☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF	PROC	CEEDS
1.	Enter the aggregate price of securities included in this offering and the total amount a "0" if answer is "none" or "zero." If the transaction is an exchange offering, checindicate in the columns below the amounts of the securities offered for exchange and	k this box and already exchanged.		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$ (1)	_	\$ (1)
	Equity	\$ (1)		\$ (1)
	Common Preferred			
	Convertible Securities (including warrants)	\$ (1)		\$ (1)
	Partnership Interests	\$	_ ·	\$
	Other (Specify)	\$		\$
	Total	\$1,050,000		\$550,000
	Answer also in Appendix, Column 3, if filing under ULOE.	41,000,000		
2.	Enter the number of accredited and non-accredited investors who have purchased offering and the aggregate dollar amounts of their purchases. For offerings under Ru number of persons who have purchased securities and the aggregate dollar amounts on the total lines. Enter "0" if answer is "none" or "zero."	le 504, indicate the		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	1		\$550,000
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requests sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mont sale of securities in this offering. Classify securities by type listed in Part C - Questio	hs prior to the first		Dollar Amount
	Type of offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total	****		\$
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of information may be given as subject to future contingencies. If the amount of an known, furnish an estimate and check the box to the left of the estimate.	the issuer. The expenditure is not		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	<u></u>		\$
	Legal Fees		\boxtimes	\$100,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		\boxtimes	\$27,500
	Other Expenses (identify) Management Fee			\$50,000
	Total		\boxtimes	\$177,500

⁽¹⁾ Amount already sold was \$550,000 which included the purchase price of the promissory note, warrant and series E preferred stock. Aggregate offering amount includes an additional \$500,000 which may be received upon conversion of the series E preferred stock and exercise of the warrant to receive additional shares of common stock.

	b. Enter the difference between the aggregate offer Question 1 and total expenses furnished in response is the "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This d	ifferen	ce	_5	5872,500
	Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in	t for any purpose is not known, e. The total of payments listed in	furnish nust eq	an ual		
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			<u> </u>		\$
	Purchase of real estate			S		\$
	Purchase, rental or leasing and installation of t	machinery and equipment		<u> </u>		\$
	Construction or leasing of plant buildings and	facilities		<u> </u>		\$
	Acquisition of other businesses (including the this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of		S		\$
	Repayment of indebtedness			3		\$
	Working capital	•••••				\$872,500
	Other (specify):			<u> </u>		\$
	Column Totals			 }		\$872,500
	Total Payments Listed (column totals added)		-		- ⊠ \$8	72,500
		D. FEDERAL SIGNATURI				
igna nfor	ssuer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to furn mation furnished by the issuer to any non-accredited	nish to the U.S. Securities and E investor pursuant to paragraph (Exchang	ge Commission,		written request of its sta
ssue	r (Print or Type)	Signature				Date
	AZZ, INC.	Moca				4-22-03
RL	e of Signer (Print or Type)	Title of Signer (Print or Type))			
	of digner (Film of Type)					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)